



FASD/DAB Newsletter

Fetal Alcohol Spectrum Disorders & Drug Affected Babies in Maine

Updates from the Maine Office of Substance Abuse and Mental Health Services
Issue: December 2014

Welcome!

The purpose of this newsletter is to streamline communication and promote idea-sharing in order to reduce the negative impacts of substance use during pregnancy and improve services for affected individuals. Each quarterly publication includes the latest news and research and shares highlights of the various activities that are happening throughout our state and around the nation.

It is vital to stay up-to-date with the ever-growing research related to drug and alcohol use during pregnancy. As important, however, is learning from each other's experiences, successes and challenges. This newsletter serves as an arena to share our progress as it relates to Fetal Alcohol Spectrum Disorders (FASD) and Drug Affected Babies (DAB) awareness and education in Maine.

I will be leaving my post as State Coordinator in early December. I have fully enjoyed my time in this role and look forward to hearing about the continued great work of this program. Happy holidays, everyone!

-Andrea Pasco, FASD/DAB State Coordinator
Maine Office of Substance Abuse and Mental Health Services

FASD/DAB Task Force

The mission of the Statewide FASD/DAB Task Force is to improve the lives of families in Maine by working collaboratively to:

1. Prevent alcohol and illicit drug use during pregnancy
2. Increase access to services for pregnant women
3. Improve outcomes for people prenatally affected by drugs and alcohol.

Meetings are held on the 4th Tuesday of every other month from 1pm-3pm at 41 Anthony Avenue in Augusta. The next meeting is January 27, 2015.

Membership includes broad representation from around the state but newcomers are always welcome. If you are interested in joining the FASD/DAB Task Force or receiving meeting minutes, please contact Christine Theriault at 207-287-8917 or Christine.Theriault@maine.gov.



In This Issue

FASD/DAB Task Force Activities
Partner Updates
Upcoming Events / Training Opportunities
State, National & World News & Research
Resource Links

Task Force Activities

New Resources! As part of the activities of the Task Force, two new rack cards are now available to help educate our communities about the potential risks of marijuana use during pregnancy and while breastfeeding. To order these free materials, please contact the Office of Substance Abuse and Mental Health Services Information and Resource Center at 1-800-499-0027 or osa.ircosa@maine.gov.

Marijuana What can it do to my baby?



When you are pregnant and use marijuana, so does your baby.

Marijuana passes through the placenta into a baby's bloodstream. When babies are exposed to marijuana during pregnancy, they can test positive for the drug after they are born.

Early studies suggest that marijuana use during pregnancy can harm a growing baby.

- It may cause your baby to be born before his or her body and brain are ready. This could mean serious health problems at birth and throughout life.
- It could change how your baby's brain develops. These changes may cause life-long behavior problems like trouble paying attention or following rules.
- It might lower your child's IQ, cause problems with learning and memory, and make it harder for him or her to do well in school.

Make the safest choice for you and your baby. DON'T use marijuana when pregnant or breastfeeding.

Can I use marijuana if I am breastfeeding?

- NO, women who are breastfeeding should avoid using marijuana.
- Marijuana is found in the breast milk of nursing mothers who use the drug.
- Using marijuana can affect your ability to safely care for your baby.
- Talk to your baby's health care provider about the risks of marijuana use compared to the benefits of breastfeeding, so you can make the best decision for you and your baby.

Still have questions?

Talk to your health care provider. Even if you have been using marijuana during your pregnancy, stopping now will help lower the risks to your baby.

Do you need help quitting?

Maine substance abuse treatment providers give first priority to any pregnant woman seeking services. Reaching out for help is a sign of strength. For more information, call the Maine Office of Substance Abuse and Mental Health Services at 207-287-8900 or 1-800-499-0027 or dial 2-1-1 from any phone in Maine or go to www.211maine.org.

SOURCES:

Behrke, M. & Smith, V. (2013). Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus. *Pediatrics*, 132 (5), e1078-e1079.

Brown, M. & Graves, C. (2013). Smoking and Marijuana Use in Pregnancy. *Clinical Obstetrics and Gynecology*, 56 (2), 107-115.

Goldschmidt, L. et al. (2004). Prenatal Marijuana and Alcohol Exposure and Academic Achievement at Age 10. *Neuropsychology & Psychiatry*, 26, 701-702.

Goldschmidt, L. et al. (2009). Prenatal Marijuana Exposure and Intelligence Test Performance at Age 8. *Journal of American Academy of Child and Adolescent Psychiatry*, 47 (3), 254-263.

Gray, T. et al. (2012). Identifying Fetal Cannabis Exposure and Effects of Concurrent Tobacco Exposure on Neonatal Growth. *Clinical Chemistry*, 58 (6), 1442-1446.

Haygalah, M. et al. (2012). Birth Outcomes Associated with Cannabis Use Before and During Pregnancy. *Pediatric Research*, 72 (2), 235-238.

Mamoun, H. et al. (2009). Intrauterine Cannabis Exposure Affects Fetal Growth Trajectories: The Generation R Study. *Journal of American Academy of Child and Adolescent Psychiatry*, 48 (12), 1379-1386.

Sachs, H. et al. (2013). The Transfer of Drugs and Therapeutics into Human Breast Milk: An Update on Selected Topics. *Pediatrics*, 132 (5), e109-e109.

This work is part of the Maine Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Project, which is funded by the U.S. Department of Health & Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau through Grant 5U49MC25140.



41 Anthony Avenue • 11 State House Station
Augusta, ME 04330-0011 • 1-800-499-0027

Marijuana Is it safe when breastfeeding?



Using marijuana if you breastfeed is NOT healthy for your baby and it is NOT recommended.

(American Academy of Pediatrics and The Academy of Breastfeeding Medicine)

What are the risks?

- THC, the active ingredient in marijuana, gets into your breast milk and your baby.
- When you use marijuana, the THC stays in your body fat, blood, and breast milk for up to 30 days. This means it can build up in your baby's body over time. Your baby could also test positive for THC.
- Using marijuana may create feeding problems. It can lower your milk supply. It can also make your baby less willing to eat. This could lead to slow weight gain or failure to thrive.
- Some studies show that babies exposed to THC in breast milk may have an increased risk for Sudden Infant Death Syndrome (SIDS).

Give your baby the healthiest start in life. Choose to breastfeed and DON'T use marijuana.

The benefits of breastfeeding!

- When you choose to breastfeed you are investing in your baby's future. Breastfeeding allows you to make the food that is perfect for your baby.
- Breast milk protects your baby against illnesses like ear infections and colds.
- Breastfeeding helps lower the chance that your baby will have allergies, asthma, obesity, some childhood cancers, and type 2 diabetes.
- Mothers who breastfeed heal from childbirth more quickly and easily.
- The hormones released while breastfeeding can help you feel less stressed and anxious.
- Women who breastfeed have lower rates of breast and ovarian cancer and type 2 diabetes later in life.
- Breastfeeding is free and without the hassle of using bottles or mixing formula.

Still have questions?

Talk to your baby's health care provider about the risks of marijuana use compared to the benefits of breastfeeding. This will help you make the best decision for you *and* your baby.

Do you need help quitting?

Reaching out for help is a sign of strength. For more information, call the Maine Office of Substance Abuse and Mental Health Services at 207-287-8900 or 1-800-499-0027 or dial 2-1-1 from any phone in Maine or go to www.211maine.org.

SOURCES:

Breastfeeding Benefits Your Baby's Immune System. (n.d.). Retrieved October 14, 2014, from <http://www.healthychild.org/English/pages/ages/baby/breastfeeding/Pages/BreastfeedingBenefitsYourBabysImmuneSystem.aspx>

Jacobus, S.C. et al. (2010). Cannabis, the pregnant woman and her child. *Journal of Perinatology*, 30 (6), 417-424.

Milner, G. et al. (2013). Marijuana use and breastfeeding. *Clinical Lactation*, 3 (2), 101-107.

Sachs, H. et al. (2013). The Transfer of Drugs and Therapeutics into Human Breast Milk: An Update on Selected Topics. *Pediatrics*, 132 (5), e109-e109.

Why Breastfeeding? (n.d.). Retrieved October 14, 2014, from <http://www.womenandchildren.org/breastfeeding/breastfeedingbenefits.php>

This work is part of the Maine Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Project, which is funded by the U.S. Department of Health & Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau through Grant 5U49MC25140.



41 Anthony Avenue • 11 State House Station
Augusta, ME 04330-0011 • 1-800-499-0027

Dads today spend triple the time caring for their children as dads did 50 years ago. Making sure dads with infants know how to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death is more important than ever. Thanks to the 20th anniversary of the Safe to Sleep initiative, we now have print copies of the **Safe Sleep for Dads** rack cards available. To view the complete image, click [here](#):

To order these free materials, please contact the Office of Substance Abuse and Mental Health Services Information and Resource Center at 1-800-499-0027 or osa.ircosa@maine.gov.

To learn more about what dads can do to create a safe sleep environment for babies at <http://safetosleep.nichd.nih.gov>.



Partner Updates

This year **WIC** celebrated its **40th anniversary** by hosting a conference for all WIC staff serving women, infants, and children throughout Maine. In an effort to increase providers understanding of the unique challenges associated with substance use and pregnancy, a panel of providers and new mothers in substance abuse treatment spoke to the audience about their experiences. We want to thank all of the panelists for providing such profound insight into the lives of these women and helping improve services for all women in similar situations.



WIC Panel Members from left to right: Nicole Winter and new baby boy; Susan Gurney, NP; Andrea Pasco; Alane O'Connor, DNP; Jen Dillihunt-Brown. OCFS; and Danielle Rich.

Tri-County Mental Health, serving Androscoggin, Franking and Oxford Counties, are now offering the **Maine Mother's Network**. This is a program for women who are pregnant or parenting a child birth to 5 who is experiencing substance abuse issues. They offer trauma screening using ACEs, case management coordination and advocacy, the Nurturing Parenting Program, treatment groups and peer services (peer recovery coaching). For referrals or more information, please contact 1-800-244-6431.

Help Save Lives with the Purchase of a Recovery Wreath

These beautiful Maine balsam double-sided wreaths are hand made by a small family-owned business in Maine. They are tastefully decorated with a hand-tied 4- loop bow, berries and pinecones.

22" - 24" Wreaths

(\$25.00)

42" - 46" Wreaths

(\$50.00)



For more information, please contact Nikki Oliver at 207-773-9931, extension 119 or via email at: noliver@crossroadsme.org. Proceeds of wreath sales will benefit the Barbara L. Dacri Scholarship Fund.

Members of the **Women's Advisory Status Council (WASC)** have already begun planning for the **2015 Silver Tea**, honoring women in recovery throughout Maine. If you are interested in helping to plan this rewarding event, please contact Mary Henry krmds@roadrunner.com.

Looking for Employment?

The Office of Substance Abuse and Mental Health Services currently has a vacancy.

Are you interested in a rewarding career as the new Fetal Alcohol Spectrum Disorder/Drug Affected Baby State Coordinator?

If so, please contact Ruth Blauer, Executive Director for the Maine Association of Substance Abuse Programs, at 207-621-8118 or via email at rblauer@masap.org.

Upcoming Events & Educational Opportunities

Snuggle ME Webinar Series: Improving Care and Coordination for Women and Children Affected by Substance Use During Pregnancy.

Dr. Amy Belisle, Medical Director of Quality Counts for Kids, and Kelley Bowden, MS, RN, the Perinatal Outreach Nurse Educator for the Maine CDC, hosted a series of “Snuggle ME” Webinars with presentations by both national and state experts on how to identify the substance exposed pregnancy/newborn and optimize care and coordination for women and children affected by substance use in pregnancy. Although this series has concluded, click [here](#) for recorded webinars and supporting materials.

Are you looking for training resources on FASD or drug affected babies? Look no further. **SAMHS’ Information and Resource Center** has numerous videos and books on just these subjects. Even better, you can borrow them for free! To access their online database of materials click [here](#). Simply search FASD, drug affected babies, or any topic of interest to find out what is available.

The Arc for People with Intellectual and Developmental Disabilities

This organization has 8 archived webinars related to FASD with topics ranging from state and local prevention initiatives, screening and brief alcohol intervention, and strategies for individuals affected by prenatal alcohol exposure. Access these webinars [here](#).

How Much Alcohol Can a Woman Drink During Pregnancy And Be Sure To Not Harm Her Baby? Why The Answer Is None.

Date/time: January 14, 2015, 2:00 PM ET

Presenter: Dr. Sandra Kelly, Professor & Experimental Program Director, Department of Psychology, University of South Carolina

Dr. Sandra Kelly will discuss the evidence showing that alcohol during development is harmful to the developing fetus with particular emphasis on the brain. She will discuss the many interacting factors such as improper nutrition, stress, and genetics that can interact with alcohol to increase the likelihood of altered brain function. We will also explore the different types of damage that can result from exposure to alcohol during the different trimesters of fetal development. Register [here](#).



The **National Organization on Fetal Alcohol Syndrome** (NOFAS) has a great list of FASD videos with links. Click [here](#) to learn what they have to offer.

The **National Alliance for Drug Endangered Children** has many archived webinars available for viewing in the comfort of your own office. Check out what they offer [here](#).

Canadian Association of Paediatric Health Centers Knowledge Exchange Network – FASD Screening Tool Kit

Access their FASD webinars [here](#).

State, National & World News & Research

More Kids Harmed by Drinking in Pregnancy Than Expected, Study Reports

Although drinking during pregnancy has long been considered taboo, new research suggests that as many as one in 20 U.S. children may have health or behavioral problems related to alcohol exposure before birth. The study found that between 2.4 percent and 4.8 percent of children have some kind of fetal alcohol spectrum disorder, or FASD.

Read the full article [here](#). Read the full study [here](#).

101 Holiday Strategies for FASD to support you and your family

Holidays are a tough time for our kids. We may place pressure on ourselves to try to make holidays perfect. What matters is family and love and learning to live and appreciate each other for our unique gifts. Our kids do the best they can and if other people (aka, family) can't understand that and you have tried to explain numerous times, just ignore them. Cut yourself and your kids some slack-scale back, stay home and enjoy the moments whenever you can get them. [Read on](#).

Grant helps reopen home for drug-addicted mothers

November 19, 2014

ELLSWORTH — Jamie Kowalski was doing opiates and amphetamines, smoking marijuana and drinking when she sought treatment at the Open Door Recovery Center in the summer of 2009. After finishing the intensive outpatient treatment program in September, Kowalski returned to her hometown, Bangor, only to relapse. [Read on](#).

Punishment for addiction doesn't help solve the problem

Last week, a Maryville woman made headlines when she was charged with simple assault under a new law that recognizes fetuses as potential victims of crime. It wasn't the first such case in our area to get media attention; last July, a Monroe County woman was the first to be charged under the new law after her newborn allegedly tested positive for methamphetamine. Both that woman and the Maryville woman charged last week are alleged to have used drugs during their pregnancies, which is now a crime thanks to the Tennessee Legislature, which earlier this year made women who use illegal drugs during pregnancy subject to criminal assault charges if their drug use causes harm to their unborn children. [Read on](#).

FOCUS ON: Epigenetics and Fetal Alcohol Spectrum Disorders

Children born to women who consume alcohol during pregnancy may exhibit a range of abnormalities and developmental deficits that together are termed fetal alcohol spectrum disorders (FASD) (Manning and Hoyme 2007; Stratton et al. 1996). Learn about the genetic and epigenetic mechanisms that may underlie alcohol's detrimental effect during prenatal development [here](#).

The Native American Perspective on FASD: An Interview with Judge Anita Fineday - November 2014

In honor of Native American Heritage Month, recognized each November in the United States, this month's Ask the Expert interviews the Honorable Anita Fineday. Read full interview [here](#).

Resource Links

Click on any link below to access website.

[Adverse Childhood Experiences Study \(ACES\)](#)

[American Academy of Pediatrics \(AAP\)](#)

[American College of Obstetricians and Gynecologists \(ACOG\)](#)

[Canada FASD Network](#)

[Co-Occurring Collaborative Serving Maine \(CCSME\)](#)

[FASD Center for Excellence](#)

[Healthy Maine Partnerships \(HMPs\)](#)

[Maine Alliance to Prevent Substance Abuse \(MAPSA\)](#)

[Maine Association for Infant Mental Health \(MeAIMH\)](#)

[Maine Association of Substance Abuse Programs \(MASAP\)](#)

[Maine CDC Injury Prevention Program](#)

[Maine CDC Public Health Nursing Program](#)

[Maine CDC Women, Infants and Children Nutrition Program \(WIC\)](#)

[Maine Child Abuse Action Network \(CAAN\)](#)

[Maine Child Development Services \(MCDS\)](#)

[Maine Children's Growth Council \(MCGC\)](#)

[Maine Children's Trust](#)

[Maine Coalition against Sexual Assault \(MECASA\)](#)

[Maine Coalition to End Domestic Violence \(MCEDV\)](#)

[MaineFamilies](#)

[Maine Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)

[Maine Public Health Association \(MPHA\)](#)

[March of Dimes \(Maine Chapter\)](#)

[National Child Traumatic Stress Network \(NCTSN\)](#)

[National Drug Endangered Children Alliance](#)

[National Healthy Mothers, Healthy Babies Coalition](#)

[National Organization on Fetal Alcohol Syndrome \(NOFAS\)](#)

[Northern New England Poison Center \(NNEPC\)](#)

[Planned Parenthood of Northern New England \(PPNNE\)](#)

[Public Health Agency of Canada - FASD](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

[Text 4 Baby](#)

[U.S. Centers for Disease Control and Prevention – FASD Information](#)



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner